

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California 801</b> Form For Official Use Only
Public Employment Relations Board			
Division, Department, or Region (if applicable)			
Street Address			
1031 18th Street			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section)  Date of Original Filing: _____ (month, day, year)	
916-322-3112	epotter@perb.ca.gov		
Agency Contact (name and title)			
Eileen Potter			

## 2. Donor Name and Address

☐ Individual \_\_\_\_\_  
 Last Name First Name

☒ Other Liebert Cassidy Whitmore  
 Name

6033 West Century Blvd., Suite 500 Los Angeles CA 90045  
 Address City State Zip Code

Law Firm - Representing management

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

## 3. Payment Information

Date and Amount of Payment (other than travel) \_\_\_\_\_ \$ \_\_\_\_\_  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel \_\_\_\_\_

Oct 27-30, 2009	\$ 53	\$ 150	\$ 46	\$ _____	\$ 249
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

### Provide a specific description of the nature and use of the payment for official agency business:

Conducted a 3-day evidentiary hearing in PERB case number LA-RR-1175-E.

### Identify the officials for whom the payment was used:

Cu	Eric	Regional Attorney	General Counsel's Ofc.
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Eileen Potter	Chief Administrative Officer	3/2/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)